

PLANTING SEEDS OF WELLNESS

HEALTH PROMOTION

CHRONIC DISEASE FOCUS: HEART PREVENTION 2014 Annual Report & Project Summary



Project Start Date: FY July 2013 Project End Date: FY June 2014 Project Manager: Cheryl S Emanuel, Cheryl.Emanuel@MecklenburgCountyNC.gov Mecklenburg County Health Department P 704 432 0216 • www.meckhealth.org

OVERVIEW

Why Consider Population-Based Interventions?

Prevention Rationale

The demographics and population growth of Mecklenburg County are changing and becoming increasingly more diverse success depends on building community engagement, ongoing communication and collaboration and a shared commitment to achieving the Mecklenburg County Vision 2015: "In 2015, Mecklenburg County will be a community of pride and choice for people to LIVE, WORK and RECREATE. The vision requires reorientation of our individual and collective thinking, policies, programs and resource allocations toward the goal of healthy living for everyone in Mecklenburg County.

2013 Mecklenburg County Health Assessment

Every four years, the Mecklenburg County Health Department conducts an extensive review of socioeconomic factors, health indicators, high-risk behaviors and assets called a community health assessment (CHA). Findings from the CHA are used for strategic planning and to develop or endorse community action addressing the top 4 identified priority issues.

TOP Priority Areas

- 1 Chronic Disease & Disability Prevention
- 2 Mental Health
- 3 Access to Care
- 4 Violence Prevention

Did You Know

- Cancer and cardiovascular disease result in over 50% of deaths in Mecklenburg County.
- In 2012, over 92,000 adults reported having diabetes in Mecklenburg County.
- In 2012, 20% of adults reported no physical exercise in the past month and 81% eating less than five servings of fruits and vegetables per day.
- In Mecklenburg, there are 160,000 residents who are uninsured.

To Learn More about the CHA, call (704-336-2900)

Susan Long Marin, Epidemiology Program Manager

or visit: www.charmeck.org







Executive Summary/ Brief Milestones

The work performance focus for FY 14 was targeting chronic heart disease with emphasis on outreach strategies to improve heart disease risk factors using a collaborative teamed approach that incorporate health equity strategies to engages both community partners and faith-based organizations. In Mecklenburg County, minority populations, specifically African American and Hispanic/Latino populations experience disproportionately higher disparities in many chronic disease health outcomes. To have broad and sustainable reach for improved outcomes in these two populations, an effective program for incorporating health equity must involve integrating tailored strategies across the social and physical environment of racial and ethnic communities.

THE FY 14 BALANCE SCORE CARD PERFORMANCE TARGETS RESULTS INDICATED THAT ALL PERFORMANCE TARGETS WERE **FXCFFDFD:**

- 1. Increase the number of African American and Hispanic faith-based partnering organizations that establish health and wellness centers in targeted zip codes (target: n=8);
- 2. Exceed a customer service satisfaction rating
- 3. Program Activities N= 221
- 4. Estimated Target Reach N=11

The Village Heart B.E.A.T. (VHB) a community-driven approach to increase access to prevention, risk reduction and chronic disease management through sustainable policy, system, and environmental (PSE) changes (http://villagehb.com). VHB, a yearly program conducted through churches, uses trained community health workers called "ambassadors" to work in targeted census tracts with adults who have self-identified chronic disease risk factors. The acronym, BEAT describes the foundation of our strategies: Building (increasing the capacity of African American and Latino adults to address their own health needs while building the capacity of the faith community to initiate and sustain needed lifestyle changes); Education (increasing

awareness and understanding of cardiovascular disease prevention, treatment and control); Accountability (accountability for success in every aspect of the program, including monitoring both individual and partner adherence to program objectives); and Together (collaboratively working to problem solve, with strong participant input in program design and execution).

This initiative draws on the 2011 National Prevention Strategy guidelines and uses the National Heart, Lung, and Blood Institute's With Every Heartbeat as its training curriculum. With guidance from PEHD, MCHD engages in outreach to community hubs (churches) to recruit those organizations willing and ready to participate in a 12-month health and wellness friendly challenge.

Components of the challenge include screening for baseline awareness and clinical measures (e.g., weight, blood pressure, cholesterol, and HbA1c). The ambassadors conduct outreach to increase access to health and wellness resources; and multi-media coverage to engage communities in the fitness challenge and VHB-sponsored health promotion events. Since its inception, VHB has been offered twice targeting 20 census tracts through a total of 15 churches. The 2013-2014 challenge resulted in weight loss of 535 pounds (range per church/community hub: 2-60 pounds).

Specifically, from July 2013 through June 2014, a total of 221 different outreach activities were conducted with guidance with our longstanding, strong coalition partners and were able to expand our reach to new community hubs (churches and neighborhood schools) in high poverty areas, using communitybased participatory approaches to mobilize and support community efforts to: 1) increase opportunities for physical activity; and 2) expand clinical and community linkages to increase resources and support for health promotion and chronic disease management.

In conclusion, work supporting this initiative has made progress in increasing awareness, improving health behaviors, improving health outcomes, and increasing environmental change through the development of health and wellness centers. Over 98% agreed or strongly agreed that the quality of the information, the service, and treatment and courtesy received were excellent or exceeded expectations as a result of the VHB pilot demonstration.

OTHER MILESTONES:

- 1. Presented "the Professional of the Year" by the National **Association of Negro Business and Professionals Women** Club, Inc.
- 2. VHB concept recognized and featured in news articles (Charlotte Observer, Q-Metro, Pride)
 - 3. Selected as keynote speaker, and panelist representing department
 - 4. Expanded new community partners for our department to collaborate.
 - 5. Receive Certified Marketplace-**Certified Application Counselor.** Lead the department outreach to include minority partners and populations to enroll.
 - 6. Women's Partnership Health Conference
 - 7. Village HeartBEAT Hearts of **Champion- Red Carpet Gala-**Featuring and Recognizing two of the oldest Public Health leaders.



Evaluation and Data Management Activities

Data collected in a variety of ways: Audiotaped, , transcriptions, video- taping, Photo-journal, Surveys, Customer Service Surveys Master List of VHB Participants: For fidelity measures, the MCHD will hold the master list of participants' names. They will receive codes that will be used on forms. Each participant will receive their number, which will be used in coordination with the partner in the clinics and health leaders in the communities.

OUTREACH ACTIVITIES BY MONTH July 2013 - December 2013 Oct. Nov. Dec. Sept. **Participant Summary** Activities: Chronic Disease Awareness Workshops, Number Workshops/Training Outreach Physical Activity, Nutrition Classes & Weight Management, Activities, Partial Listing: Affordable Healthcare Act Workshop, Teen Health Camp **Activities, Partial Listing:** Riches Community Training, Factors of the Seven, DHHS **Novant Health Pastoral Education** Congregational Training - (9 FBOs') Faces to Faces Poverty Town Hall Strategy Session Covenant Presbyterian Hospital/NCCAA CN Jenkins Fitness Blast, Pride Sunset Jazz 20 19 26 13 24 15 Total # Participants = 8,057 - Health Festival Friendship Missionary Baptist Church's Men Health Program/Screening, Young Stroke Conference American Heart Association Training Bethesday Zumba Thon Village HeartBEAT- Introduction- Pastors Roundtable World AIDS Day- Partnership OUTREACH ACTIVITIES BY MONTH January 2014 - June 2014 Jan. Feb. Mar. May Apr. June **Participant Summary** Activities: Chronic Disease Awareness Workshops, Physical Number Workshops/Training Outreach Activity, Nutrition Classes & Weight Management, Activities, Partial Listing: Affordable Healthcare Act Workshop, Teen Health Camp **Activities, Partial Listing:** Listing: Village Heart BEAT Orientation Training VHB- Bi-Monthly Workshops/Training Sessions Go RED- Heart Disease Month- BOCC Awareness Women Health Conference VHB - CPR Training 31 22 16 13 American Cancer Society, African Research Total # Participants = 5,419 Study-Outreach/Recruitment, Recognized as Charlotte Ambassador Fitness on the Greenway Annual Faithful to the Call- Prevention and Wellness Program Number of Partnership Agreements Signed for VHB: Camino Del Rey Ministries Faith CME First Mount Zion Greater Salem Church Grier Heights Presbyterian Church New Friendship Presbyterian Church New Zion Missionary Baptist* **OUTREACH ACTIVITIES BY MONTH** July 2014- October 2014 (Non Competition Season) July Aug. Oct. Number Planning Meetings - Faith-Based Organizations 2 2 2 (15 Participants)

MILESTONES

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Prevention & Wellness

Performance Program - FY 2013 Priority Setting

Chronic Disease Prevention -**Heart Disease**

Chronic diseases such as cancers. heart disease, and diabetes, are the major causes of death and disability in Mecklenburg County and North Carolina. Poverty, lack of education, property neglect, tobacco use and exposure, physical inactivity, poor nutrition, and lack of access to quality health care services are some of the factors that influence health and contribute to racial and ethnic health disparities. For disadvantaged racial and ethnic populations, the exposure to risks for chronic disease exists across the lifespan, and is often accompanied by chronic stress associated with the social and psychological experience of living in an unhealthy neighborhood and concentrated poverty conditions. An effective program to eliminate health disparities is characterized by the integration of tailored strategies across the social and physical environment of racial and ethnic communities

Target Populations

African American and Hispanic populations were the primary populations for the following reasons: African Americans have

the highest CVD mortality rate, According to the 2009 BRFSS report, in comparison to Whites, People of Other Races in the county were 1.5 times more likely to report no physical activity and 1.6 times more likely to report being obese. 2005 – 2009 BRFSS data for the county demonstrates that racial and ethnic minorities more frequently report high blood pressure (34% African American adults; 26% Whites) and high cholesterol (40% Hispanic adults; 37% Whites; 33% African American) placing these populations at increased risk for heart disease and heart diseaserelated death.

African Americans (19.1%) and Hispanic residents (30%) are more than twice as likely to live in poverty as Whites (9.5%). Nearly 20% of related children under 18 and 8% of residents over 65 live in poverty. Unemployment rates are higher among African-American (14%) and Hispanic (13%) residents than for White (9%) and Asian (6%) residents. This impacts perceived health status: in the 2009 Behavioral Risk Factor Surveillance System (BRFSS) showed that Mecklenburg residents earning less than \$50,000 annually are 8 times more likely to report their health status as "poor" or "fair" than those with higher incomes.

FY 2014 BALANCE SCORE PERFORMANCE TARGETS

Increase Increase number of minority (AA & Hispanic) faith based partnering organizations that establish health and wellness centers in targeted zip code areas. (County)

Performance Target: N=5 EXCEEDED TARGET: N=8
Evidence: List of Partnerships Agreement/Pilot **Demonstration Data**

- 2. Achieve a customer service satisfaction rating of at least 89% Evidence- paper/on-line customer service surveys
- 3. Conduct outreach activities that reach target populations.

>10,000 (ESTIMATED TRACKING N=11,416)

Outreach - Target reached of participants Evidence - Photo- Video Journaling

Key Strategies: Prevent & Reduce Chronic Disease Pilot Demonstration Project: Village Heart B.E.A.T.

(Building Education Accountability Together)

WINNER!

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Health Ex-

llence Award

Village Heart BEATBEAT (VHB) is an acronym for "Building Education Accountability Together." Building is the engagement of our clients in addressing current health challenges, increasing the capacity of the County's African American and Latino adults, and the faith community to initiate and sustain needed lifestyle changes. Education refers to increasing awareness and understanding of cardiovascular disease prevention, treatment and control. Accountability reaches every aspect of the program, including monitoring both individual and partner adherence to program objectives. Together focuses on collaborative problem solving, with strong participant input in program design and execution.

> Village HeartBEAT's initial design is focused to reduce the incidences of heart disease and those health conditions (e.g., obesity, sedentary

lifestyle, diabetes) that promote it. VHB is supported by a community based, multi partnered, and patientcentered system for African American and Latino adults who have self-identified cardiovascular risk factors throughout Mecklenburg County. Village HeartBEAT is structured as a fun, fitness, healthy competition program among faith-based and/or neighborhoods teams..

Health Department Project Wins National Award

The Health Department has received a Faith and Community Health Excellence Award from the U.S. Department of Health and Human Services (October 3, 2013). Award recipients were chosen based on the demonstrated outcomes and impact their organizations are having on public health, and the overall creativity and uniqueness of their approaches.

OUR CORE COMPONENTS:

- Pre and Post Biometric Screening
- Evidence –based tools: With Every Heart Beat
- **CPR Certification**
- **Nutrition Course with Food** Journaling & Healthy Cooking Demonstrations
- **Custom Exercise Plans** with Fitness Workshops

Workshops/Training/Outreach July 2013 - June 2014 Timeline Village HeartBEAT-Early Registration & Criteria Review Pastors Round Table/Chronic Disease Session JUL13 Chronic Disease AUG13 **Prevention Session** Black Girls Run Conference Affordable Healthcare **SEPT** STRUCTURED MONTHLY MEETINGS Village HeartBEAT Competition Orientation- Kick off/Team Sessions Workshop OCT13 **Novant Health** Partnership: Congregational Health Promoters NOV1 /Ambassadors Training Congregational DEC₁ Health Promoters/ Village HeartBEAT Ambassadors **Healthy Eating Session** Worlds **AIDS Day Presentation** Village Village HeartBEAT-FEB14 HeartBEAT Fall 5k Faith Based Workshops Village HeartBEAT-**CPR Training** Wear Red! MAR14 Women's Heart Health **APR14** Bethesda Zumba Thon Village HeartBEAT - Healthy Cooking Demos - Diabetes MAY14 Senior Summer Breeze Community Fitness Day **Building Initiative- Bus Tours-**JUN14 Presentation-West District Village HeartBEAT- CPR JUL14 **Training** Village HeartBEAT 5 K Walk & Field Day Village HeartBEAT -Village HeartBEAT -Village HeartBEAT Team Captain Meeting & 2014 **Healthy Cooking Demos** Hearts of Champions Gala Competition Season Review Hypertension Village HeartBEAT Clergy Planning Meeting,

Village HeartBEAT Workshops & Workouts



Village HeartBEAT Demonstration Pilot Partnership List/ Stakeholder Team

PARTNER NAME	SERVICE CATEGORY
World Reach, Inc. DBA Bethesda Health Center	Patient Centered Medical Home (Health Screening Site and Bilingual Translation)
Novant Health – Pastoral Education Department	Host Monthly Update Meetings - Community Health Services and Education - Linkages to Partnership with Mid-Carolinas Cardiology Group - Educational Resources
Village HeartBEAT Church Network Fitness Challenge	Project Core - Community Outreach and Training 1. Camino Del Rey Baptist 2. First Mt. Zion Baptist 3. Grier Heights Presbyterian 4. Faith CME Church 5. New Friendship Presbyterian 6. Greater Salem Church 7. New Zion Missionary Baptist Church
Delta of Charlotte Foundation	Community Outreach, Focus Group Facilitation, Training, Resource Development
Zuri Creative Group, LLC	Community Outreach 1. Designs Tools & Resources 2. Social Media & Marketing
American Heart Association	Coordinated Medic CPR Training
House of NC, INC.	Training/Physical Activity Certified Healthy Living Curriculum
Mecklenburg County Parks & Recreation	Site Coordination, Fitness Greenway

OUR HEALTH, OUR PRIORITY, OUR **CELEBRATION!SPORTS**



Dr. Oz's advice for better heart health in 2014

INSIDE 2014 TOTAL: \$912

IN PRINT AND ONLINE

The Charlotte Observer

PLANTING SEEDS OF **WELLNESS IN 2014**

Churches combat health risks in Mecklenburg County through Village HeartBEAT

By Tonya Jameson, Correspondent

quietly wreaking havoc on African-American and Hispanic neighborhoods throughout the county. This enemy barely causes a stir when it claims a victim. Yet, the fight is literally one to the death.

The enemy? Obesity, high blood pressure, diabetes, high cholesterol and heart disease

In Charlotte 15 churches participate in Village HeartBEAT (Building Education & Accountability Together). The 10-month wellness program encourages church teams to engage in activities second year, won the national Faith & Community Health Excellence Award from the U.S. Department of Health and Human Services, Region IV.



The competition is fun. The national acclaim is welcome, but more importantly, Village HeartBEAT associate pastor at Caldwell Presbyterian Church is saving lives. Pounds are being lost, high blood near Independence Park. "We need more pressure medicines are being discarded and friendships are forming.

The county health department is celebrating participants on Friday at Friendship Missionary Baptist Church with a recognition program acknowledging the "power and commitment of faithbased and community partnerships" working together toward chronic disease prevention and

"The thing is for us to to learn to take care of each other," said Bishop Wade Ferguson, pastor of 15th Street Church of God off North Davidson Street.

Churches are taking the lead against an enemy "We've lost that kind of care for each other, We've become less dependent on each other.

> Beatties Ford Road, wouldn't have lost 25 pounds without her Village HeartBEAT team.

"It's been amazing for me," said Marshall, resting after walking around the track with her two sisters at Johnson C. Smith University, "It's a big family, We're laughing, we're talking and encouraging each other."

from exercise classes to healthy cooking struggles with high blood pressure and diabetes, demonstrations. The final 16 weeks involve a She's more than 100 pounds overweight, and her "Biggest Loser"-style competition. The project, in its goal is to lose the excess. Marshall isn't just walking around Smith's track to lose weight.

> Village HeartBEAT features a variety of activities. Participants use Johnson C. Smith's HealthPlex, which is free. Mitchell "Aerobo Cop" Smith teaches exercise classes, including chair-only exercises. There are also free water aerobics classes Churches offer yoga, Zumba and line dance classes All Village HeartBEAT participants have access to a master calendar with activities at participating

before," said Marshall,

That many activities are held in churches makes it more appealing and affordable

els good to have a place, a church, (where) you can have a yoga class," said Everdith Landrau, an



Village HeartBEAT is a chance to do that."

Reaching out

Mecklenburg County Health Department Health Manager Cheryl Emanuel created Village Heart as a scaled-down version of a program she pitched for a

Using data from the CDC's Behavioral Risk Factor Surveillance System, she found that nonwhites in Mecklenburg County were 1.5 times more likely to report no physical activity and 1.6 times more likely to report being obese



Abbi O'Leary - aoleary@chariotteobserver.com Stefani Nwachukwa, front, falls over as she and her team-mates compete in tug-of-war during the Village HeartBEAT Field Day at the Johnson C. Smith athletic field on May 10.

The data also showed that 34 percent of African-Americans compared with 26 percent of whites reported high blood pressure. Forty percent of Hispanics, 37 percent of whites and 33 percent of "They make you try things that you've never tried African-Americans reported high cholesterol.

> Emanuel identified churches in ZIP codes with high morbidity indexes and that also featured health and wellness ministries. She then reached out to the churches and created Village Heart BEAT.

To participate, churches determined their congregations' health needs, mapped strategies, created teams and action steps. The churches even addressed nutritional policies, such as replacing fried chicken with baked chicken at events. Each church formed a team of 10 members.

members had at least one risk factor: high body mass index, high blood pressure, high cholesterol, diabetes, physical inactivity, smoking habit or a family history of heart disease. Each member must participate in 10 activities per month. Participants received gym bags, a food journal and other free tools to track their progress.

"What people are looking for are people that are



en compete in a 100-yard dash during the HeartBEAT Field Day at the Johnson C. Smith athletic field on May 10.

helping them to do for themselves and sustain it

Compassion and patience are also integral. Church ambassadors met participants where they were -which, in one case, meant providing shoes for someone who couldn't afford walking shoes. For others, it's doing chair aerobics because they're unable to do standing aerobics.

"I've learned baby steps. None of us get it overnight." said Annie Pagan, team captain of Faith CME Church near Sugar Creek Road.

Embracing Village Heart BEAT signals a shift in some churches. It took decades for churches to address AIDS. Many church health ministries simply involved hosting an annual health fair. Village Heart BEAT gets personal about how people treat their



Talking about the body and the issue of the mental and physical body has been taboo in the church, Caldwell's Landrau said. Church leaders often viewed talking about the body as bad, but talking about the spirit as good.

"Churches are finally beginning to realize it's all connected and it's OK to deal with who we are," Landrau said. "This is not about us. It's about the common good. Targeting diabetes in the African-American community, targeting heart disease in the Latin community, it's bigger than religion, and it's bigger than our differences as Christians."

Village HeartBEAT Participants – Churches



New Zion Missionary Baptist Church Rev. Henry Williams



Rockwell A.M.E. Zion Church Pastor Jordan Boyd



Ben Salem Presbyterian Church - Rev. Damiko Faulkner



New Covenant BibleWay



New Life Fellowship Center - Pastor John P. Kee



Faith CME Church - Pastor Laura Wilson



First Mt. Zion Baptist Church - Rev. Jonathan E. Edwards

Village HeartBEAT Participants – Churches



Iglesia Camino del Rey - Pastor Russell Price



Greater Salem Church - Bishop Allen G. Porter



First Baptist West Church - Dr. Ricky A. Woods



Caldwell Presbyterian Church Senior Pastor John Craighorn, Pastor Everdith Landrau



Grier Heights Presbyterian - Pastor Larry James